



Academic
Year
1998-99

NIH Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds

APPLICATION CHECKLIST

Please use this checklist to make sure all parts of your application are completed. This checklist must be submitted with your application and mailed to:

National Institutes of Health
Office of Loan Repayment and Scholarship
7550 Wisconsin Avenue, Room 604
Bethesda, Maryland 20892-9121

Applicant's Name: _____

Address: _____

Daytime Telephone: _____

E-Mail: _____

- ☐ Official transcript. A transcript was requested on _____.
- ☐ Letter of acceptance (for those entering a college or university for the 1998-99 academic year).
- ☐ Applicant information form.
- ☐ Undergraduate institution certification form. The applicant should fill out Section A. The form was given to the following representative of the undergraduate institution:

Name and Title: _____

Telephone: _____

- ☐ Applicant recommendation forms. The applicant should fill out Section A of each form. The following persons have been asked to submit recommendations:

1. Name: _____

Institution: _____

Telephone: _____

2. Name: _____

Institution: _____

Telephone: _____

3. Name: _____

Institution: _____

Telephone: _____

- ☐ Contract